



CERTIFICATE OF LIABILITY INSURANCE

8/16/2024

DATE (MM/DD/YYYY)
8/18/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER LOCKTON COMPANIES 3657 BRIARPARK DRIVE, SUITE 700 HOUSTON TX 77042 866-260-3538	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:														
INSURED BNL (Enterprise) Inc. 1512652 2011 Forest Ave. Durango CO 81301	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Underwriters at Lloyds of London</td><td>10736</td></tr><tr><td>INSURER B: Markel International Insurance Company Limited</td><td>10744</td></tr><tr><td>INSURER C: --- SEE ATTACHMENT ---</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Underwriters at Lloyds of London	10736	INSURER B: Markel International Insurance Company Limited	10744	INSURER C: --- SEE ATTACHMENT ---		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES USE**CERTIFICATE NUMBER:** 18760324**REVISION NUMBER:** XXXXXXXX

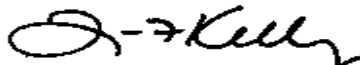
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Hired/Non-Owned Auto GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	USGL1512688	8/16/2023	8/16/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	USGL1512688	8/16/2023	8/16/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	USUMB1512689	8/16/2023	8/16/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX
B	Control of Well	Y	Y	USOEE1512690	8/16/2023	8/16/2024	See Attached

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.

CERTIFICATE HOLDER**CANCELLATION** See Attachments

18760324 ECMC (Energy and Carbon Management Commission) 1120 Lincoln Street, Suite 801 Denver CO 80203	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 
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Control of Well

Carrier: Markel International Insurance Company Limited

Policy No.: USOEE1512690

Term: 8/16/2023 – 8/16/2024

SECTION I:

LIMIT: Producing/ Shut-In/ Temporarily Abandoned/ Plugged & Abandoned/ Salt Water Disposal wells:

US\$5,000,000.00 Combined Single Limit of Liability any one accident or occurrence as respects all coverages as set forth in Sections IA, IB and IC attached hereto in respect of 100% interest.

Drilling/ Workover/ Recompletion/ Re-Entry wells:

US\$5,000,000.00 Combined Single Limit of Liability any one accident or occurrence as respects all coverages as set forth in Sections IA, IB and IC attached hereto in respect of 100% interest.

Including equipment in the Assured's Care, Custody and Control subject to a separate limit of US\$3,000,000.00 in respect of 100% interest, any one occurrence.

Including Materials & Supplies subject to a separate limit of US\$1,000,000.00 in respect of 100% interest, any one occurrence.

RETENTION: Producing/ Shut-In/ Temporarily Abandoned/ Plugged & Abandoned/ Salt Water Disposal wells:

US\$100,000.00 Combined Single Retention in respect of 100% interest, any one accident or occurrence.

Drilling/ Workover/ Recompletion/ Re-Entry wells:

US\$100,000.00 Combined Single Retention in respect of 100% interest, any one accident or occurrence.

US\$100,000.00 in respect of 100% interest, any one occurrence in respect of Care, Custody and Control.

Global Special Risks is a series of RSG Specialty, LLC. RSG Specialty, LLC is a Delaware limited liability company

and a subsidiary of Ryan Specialty, LLC. In California: RSG Specialty Insurance Services, LLC (License # 0G97516).

US\$100,000.00 in respect of 100% interest, any one occurrence in respect of Materials & Supplies.

Umbrella

Policy: USUMB1512689

Policy Term: 08/16/2023 – 08/16/2024

Insurers:

Argenta Syndicate 2121 (25.0000%)

MS Amlin 2001 (15.0000%)

BRT 2987 (9.1000%)

BRT 2988 (0.9000%)

Scottsdale Insurance Company (50.0000%)

All policies (except Workers' Compensation/EL) include a blanket automatic additional insured [provision] that confers additional insured status to the certificate holder only if there is a written contract between the named insured and the certificate holder that requires the named insured to name the certificate holder as an additional insured. In the absence of such a contractual obligation on the part of the named insured, the certificate holder is not an additional insured under the policy.

All policies include a blanket automatic waiver of subrogation endorsement [provision] that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it. In the absence of such a contractual obligation on the part of the named insured, the waiver of subrogation feature does not apply.